PAGE 1 / 25

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	nonzea Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Communications Worke	ers of America Work	ing Voices	
ADDRESS (number and street)	501 3rd St NW		
▼ Check if different			
than previously reported. (ACC)	Washington 		DC 20001 -
2. FEC IDENTIFICATION NU	MBER ▼ CIT	<b>Y A</b>	STATE ▲ ZIP CODE ▲
C C00488486		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1	PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3  January 31  Year-End Report (YE	Fleekie	on on 11 06	in the 2018 State of DC
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 10	01 2018	through 10	M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
I certify that I have examined this	s Report and to the best of Steffens, Sara, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer  Steffen	ıs, Sara, , ,	[Electronically Filed]	Date 10 / 25 / 2018
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

FEC <b>Form 3X</b> (Rev. 05/201	OF RECEIPT	MMARY PAGE S AND DISBURSEMENTS		Page <b>2</b>
Write or Type Committee Name				
Communications Worker	s of America Workir	ng Voices		
Report Covering the Period: F	from: 10 / 01		To: 10 / 17	2018
		COLUMN A This Period	COLUMN Calendar Year	
6. (a) Cash on Hand January 1,	2018		7 7	40775.60
(b) Cash on Hand at  Beginning of Reporting Per	iod	56727.38		
(c) Total Receipts (from Line 1	9)	226542.01	1 1/9- 1 1/9-	1037486.86
(d) Subtotal (add Lines 6(b) at 6(c) for Column A and Line 6(a) and 6(c) for Column E	es	283269.39	3-1-3-	1078262.46
7. Total Disbursements (from Line	31)	76542.01	7	931668.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		206727.38		146594.06
Debts and Obligations Owed To the Committee (Itemize all on Schedule C and/or Schedule D.		0.00		
10. Debts and Obligations Owed <b>B</b> the Committee (Itemize all on Schedule C and/or Schedule D		130.25		
This committee has qualified	d as a multicandidate comi	mittee. (see FEC FORM 1M)		
	For further	r information contact:		
		Election Commission Election Commission		

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Communications Workers of America Working Voices

10 01 2018 10 17 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 151542.01 1010070.18 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 954236.86 151542.01 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 954236.86 151542.01 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 83250.00 75000.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 1037486.86 12, 13, 14, 15, 16, 17, and 18(c))....... 226542.01 20. Total Federal Receipts 226542.01 1037486.86 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date	
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share	4 4	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating  Expenditures	- 7907.99	268603.66	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	- 7907.99	268603.66	
Transfers to Affiliated/Other Party	7307.33	2000000	
Committees	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	75000.00	475000.00	
Independent Expenditures	2452.22	70000 05	
(use Schedule E)	9450.00	79233.95	
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements (Including	4 4	45 45 45	
Non-Federal Donations)	0.00	108830.79	
Federal Election Activity (52 U.S.C. § 30101(	30))		
(a) Allocated Federal Election Activity	20))		
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	200	222	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	76542.01	931668.40	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	76542.01	004000 10	
,	70042.01	931668.40	

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/	COLUMN A Total This Period	Page 5  COLUMN B  Calendar Year-to-Date				
Operating Expenditures		Calelidal Teal-10-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	151542.01	954236.86				
Total Contribution Refunds     (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	151542.01	954236.86				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 7907.99	268603.66				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
3. Net Operating Expenditures (subtract Line 37 from Line 36)	- 7907.99	268603.66				

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Name of Employer (for Individual)

General

TOTAL This Period (last page this line number only).....

Receipt For:

C

Primary

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	6	OF		25				
(check only one)											
		X	11a		11b		11c	12	2		
			13		14		15	16	6		17

Memo Item

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Communications Workers of America Date of Receipt Mailing Address 501 Third Street, NW 2018 10 City State Zip Code Transaction ID: C27700508 DC Washington 20001 Amount of Each Receipt this Period FEC ID number of contributing C 1542.01 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 954236.86 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Communications Workers of America Date of Receipt Mailing Address 501 Third Street, NW 10 2018 City State Zip Code Transaction ID: C27853714 Washington DC 20001 Amount of Each Receipt this Period FEC ID number of contributing 150000.00 federal political committee.

Other (specify) ▼	954236.86	
Full Name of Individual (Last, First, Middle I  Mailing Address  City	nitial) or Full Organization Name    State   Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period  Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		151542.01

Occupation (for Individual)

Aggregate Year-to-Date ▼

151542.01

#### S 17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 25 (check only one)  11a 11b 11c <b>X</b> 12 13 14 15 16 17					
	ly information copied from such Reports and State for commercial purposes, other than using the r			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)  Communications Workers of Ame	erica Wo	orking Voices						
Α.	Full Name of Individual (Last, First, Middle Initia CWA COPE POLITICAL CONTRIBUTION			Date of Receipt					
	Mailing Address 501 THIRD STREET NW			10 16 2018					
	City Washington	State DC	Zip Code 20001	Transaction ID : C27814645  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0002089	75000.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 83250.00						
— В.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name	Date of Receipt					
Б.	Mailing Address			M = M / D = D / Y = Y = Y					
	City		Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		Amount of Lacif Necept this Period					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼						
<del></del>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name	Date of Receipt					
•	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		C		The art of East recorpt and reside					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼						
s	UBTOTAL of Receipts This Page (optional)			75000.00					

TOTAL This Period (last page this line number only).....

75000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				LINE I	NUMBER: PAGE 8 OF 25					25		
TEMIZED DISBURSEMENTS		category of the Summary Page	(	X	21b	22	Г	23	2	26	27		
	Detailed	Summary Fage			28a	28b		28c	2	9	30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full)													
Communications Workers of Ameri	ica Work	king Voices											
Full Name (Last, First, Middle Initial)						Data	of Di	sburse	mont				
A. Kowlaski, David, , ,						M N	וט וכ	Spuise	_	Y	Y Y	Y	
Mailing Address 2404 Chinquo Street						10		10	0		2018	_	
,	State	Zip Code				FEC I	denti	fication	n Num	ber			
Grove City	ОН	43123					-	-	_	-	_		
Purpose of Disbursement Reimb. for Canvass Expenses				01		C							
Candidate Name			_		_			action					
Canadato Name			Cate	egor ype	·y/	Amoui	nt of	Each	Disbui	rseme	ent this	Period	d
Office Sought: House Disburser	nent For:					Ι.		-			1542.	01	
Senate	Primary	General						,					
State: District:	Other (spec	eify) 🔻				М	emo	Item					
Full Name (Last, First, Middle Initial)													
3. MOCAP NYC LLC d/b/a Whiteboa	rd					Date of	of Di	sburse	ment				
Mailing Address 325 Gold Street						M = N	/	0:		Υ	y ■ y 2018	Y	
		_				10		Ū.	2		2010		
City Brooklyn	State NY	Zip Code 11201				FEC I	denti	fication	n Num	ber			
Purpose of Disbursement		11201		-	_	С							
Pre-payment now reported on Schedule E			(	004			ansa	action	ID : D	39332	<u>,                                    </u>		
Candidate Name		'	Cate		y/	Amount of Each Disbursement this Period					d		
Office Sought: House Disburser	nent For:	Type									– <b>4</b> 500.	00	٦.
Senate	Primary						-		Oria cl	heck (	05/01/20	118	_
President	Other (spec	cify)				М	omo	Item	ong ci	icon c	75/01/20	510	
State: District:						IVI	emo	item					
Full Name (Last, First, Middle Initial)  MOCAP NYC LLC d/b/a Whiteboai	مما					Date (	of Di	sburse	mant				
	u					M = N	_	D	_	Υ	YY	Y	
Mailing Address 325 Gold Street						10	_	02	2	L	2018	_	
City	State	Zip Code				FFC I	denti	fication	Num	ıber			
Brooklyn	NY	11201					30116	noution			-		
Purpose of Disbursement Pre-payment now reported on Schedule E			C	04		С	ans	action	ID · D	3933	7		
Candidate Name		-	Cate		y/						ent this	Period	d
Office Sought: House Disburser	nent For:		1	ype							– <b>4</b> 950.	00	7
Senate	Primary	General							Oria d	heck (	09/27/2	018	-
President	Other (spec	eify) 🔻				М	emo	Item	J.19 0	ook (	.5,2112		
State: District:						Ш "	0						
SUBTOTAL of Disbursements This Page (optional)					•			m -			<b>– 7907</b>	.99	7
					_	_	÷	-9-			<b>– 7</b> 907	00	Ħ
TOTAL This Period (last page this line number only)									_	_	- /90/	.ອອ	

SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	1	R LINE NUMBER: PAGE 9 OF 25 ck only one)					
TEMIZED DISBURSEMENTS	for each of	category of the Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)  Communications Workers of Ameri									
Full Name (Last, First, Middle Initial)  A. WORKING FAMILIES PARTY INDEPENDE  Mailing Address 1 METROTECH CENTER FL11	NT EXPE	NDITURE COM	MITTEE	Date of Disbursement					
		I		10 10 2010					
Brooklyn	State NY	Zip Code 11201		FEC Identification Number					
Purpose of Disbursement Federal PAC Contribution 2018  Candidate Name			011	C C00626861  Transaction ID : D39085					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
	nent For: Primary Other (spec	General		75000.00					
State: District:	(0)	··· <b>·</b>		Memo Item					
Full Name (Last, First, Middle Initial)  3.				Date of Disbursement					
Mailing Address									
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement				C					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
	nent For: Primary Other (spec	General		Memo Item					
State: District:  Full Name (Last, First, Middle Initial)				Wichio Item					
C.				Date of Disbursement					
Mailing Address				M M / D D / Y Y Y Y					
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement		С							
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
	Primary	General							
State: District:	Other (spec	eify) 🔻		Memo Item					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)				75000.00 75000.00					

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10
FOR LINE NUMBER: (check only one)

	9
X	10

OF

25

NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Shipping of Buttons, Bumper Stickers, Yard Communications Workers of America Signs Mailing Address 501 Third Street, NW State Zip Code DC Washington 20001 Transaction ID: D31712 Outstanding Balance Beginning This Period 130.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 130.25 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period

Amount incurred This I chou	i ayii	icht This Fellou	Outstanding Dalance at Close of This I choc					
	7							
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):					
Mailing Address								
City	State	Zip Code						
Outstanding Balance Beginning This Period								
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period					
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	130.25					

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

130.25

0.00

130.25

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America	Working Vo	oices		C C00488486
				C C00466460
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
MOCAP NYĆ LLC d/b/a Whiteboard				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street			Am	ount
City	State	Zip Code	— Г	315.00
Brooklyn	NY	11201		ansaction ID : D39331
Purpose of Expenditure Digital Video Ad- Express Advocacy	<u> </u>	Category/ Type 004		te of Disbursement or Obligation  10 02 2018
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: House District: 00
SINEMA, KYRSTEN, , ,		Oppose		sident Senate State: AZ
Calendar Year-To-Date		045.00	Disbursen	nent For: Primary Seneral
Per Election for Office Sought	7 7	315.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
MOCAP NÝC LLC d/b/a Whiteboard				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street			Am	ount
				<del> </del>
City Brooklyn	State	Zip Code 11201	Tr	315.00 ansaction ID : D39334
Purpose of Expenditure			Da	te of Disbursement or Obligation
Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 7 2018
Name of Federal Candidate:		<b>x</b> Support	Office So	ught: X House District: 13
LONDRIGAN, BETSY, , ,		Oppose	Pre	sident Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	1 · · · ·	315.00	Disbursen 2018	nent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				630.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • _	
(c) TOTAL Independent Expenditures			, _	
(c) 10 112 maoportacini Exportantales				7 7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	Electronically Fil	ed1 –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America	Working Vo	oices		C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
MOCAP NYĆ LLC d/b/a Whiteboard				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street			Amo	ount
City	State	Zip Code	$ \Gamma$	315.00
Brooklyn	NY	11201		nsaction ID : D39335 e of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: 🗶 House District:07
Driskell, Gretchen, , ,		Oppose	Pres	ident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	315.00	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
MOCAP NÝC LLC d/b/a Whiteboard				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street				
			Amo	
City Brooklyn	State NY	Zip Code 11201		315.00 Insaction ID : D39336 e of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght:   House District: 08
SLOTKIN, ELISSA, , ,		Oppose	Pres	ident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	315.00	Disbursement 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· <b>-</b>	630.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(-,			· <u>-</u>	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	Electronically Fil	ed]	M M	/ D D / Y Y Y Y Y Y Y Y 2018
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 25
NAME OF COMMITTEE (In Full)			1_	FOR LINE 24 OF FORM 3X
Communications Workers of America	Working V	oices	l r	EC IDENTIFICATION NUMBER ▼
	Tron.iii.ig	0.000		C C00488486
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	M	
Mailing Address 325 Gold Street			10	0 10 2018
			Amount	
City	State	Zip Code		315.00
Brooklyn	NY	11201		ction ID: D39338 Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004	1	
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:	■ House District:02
Coleman, Linda, , ,		Oppose	Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought	7 7	315.00	Disbursement   2018  Oth	For: Primary   General  er (specify) ▶
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo		Public Distribution/Dissemination  M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street			Amount	
City	State	Zip Code	<b>─</b>   :	315.00
Brooklyn	NY	11201	Transa	ction ID: D39339 Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004	М	
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:	₩ House District:14
RADER, ELIZABETH, A, ,		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	315.00	Disbursement   2018 Oth	For: Primary   General  er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure			<b>&gt;</b>	630.00
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	Electronically Fil	led] Date	M M /	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
Communications Workers of America	Working Vo	oices		FEC IDENTIFICATION NUMBER ▼  C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 325 Gold Street				10 02 2018 Amount
City	State	Zip Code		315.00
Brooklyn  Purpose of Expenditure	NY	11201		Transaction ID : D39340 Date of Disbursement or Obligation
Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / 2018
Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: K House District: 01
Pureval, Aftab, , ,		Oppose		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	5458.44	Disbu 2018	orsement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
MOCAP NÝC LLC d/b/a Whiteboard				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street				Amount
City	State	Zip Code		315.00
Brooklyn	NY	11201		Transaction ID : D39341 Date of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 06
Crow, Jason, , ,		Oppose		President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 1 7	352.40	Disbu 2018	orsement For:
(a) CUDTOTAL of the mineral lands are adventional and the second state of the second s				222.22
(a) SUBTOTAL of Itemized Independent Expenditures			• •	630.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Steffens, Sara, , ,	Electronically Fil	[ed]	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America	Working Vo	oices		C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
MOCAP NYC LLC d/b/a Whiteboard				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street			Aı	mount
City	State	Zip Code		315.00
Brooklyn	NY	11201		ransaction ID : D39342 ate of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought:
Watson, Liz, , ,		Oppose		esident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		315.00	Disburse	ment For: Primary General
, ,	7			Other (specify) ▶
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address				10 03 2018
325 Gold Street			Aı	mount
City	State	Zip Code		315.00
Brooklyn	NY	11201		ransaction ID : D39343 ate of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: 🗶 House District:02
CRAIG, ANGELA, , ,		Oppose	Pr	esident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	T 1 1 T	315.00	Disburse 2018	ment For: Primary <b>X</b> General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				630.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	[Electronically Fil	ed1 –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America	Working Vo	oices		C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y Y Y Y
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item Date	of Public Distribution/Dissemination
			[	10 03 7 2018
Mailing Address 325 Gold Street			Amou	ınt
City	State	Zip Code	ΗГ.	315.00
Brooklyn	NY	11201	Trans	saction ID : D39344 of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy	I	Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: X House District:02
TORRES SMALL, XOCHITL, , ,		Oppose	Presid	NIM
Calendar Year-To-Date			Disburseme	nt For: Primary X General
Per Election for Office Sought	7	315.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
MOCAP NYC LLC d/b/a Whiteboard			_   r	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street				
			Amou	ınt
City	State	Zip Code		315.00
Brooklyn	NY	11201		saction ID : D39345 of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 7 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: X House District: 01
Bryce, Randy, , ,		Oppose	Presid	lent Senate State: WI
Calendar Year-To-Date		245.00	Disburseme	nt For: Primary X General
Per Election for Office Sought	7 7	315.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				630.00
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	Electronically Fil	led1 -	M = M /	D D / Y Y Y Y Y
Signature		Date	9 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				[	PAGE 17	7 OF 25
NAME OF COMMITTEE (I. F.II)					FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full)  Communications Workers of America	Marking W	nicos		FEC ID	ENTIFICAT	ION NUMBER ▼
Communications workers of America	Working W	JICES		C	C0048848	6
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M /	D D /	YYYY
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo		M M /	D _ D	n/Dissemination
Mailing Address 325 Gold Street			Amou	10 int	04	2018
		T = 0 .				045.00
City	State	Zip Code	سايا ا	7	D D00040	315.00
Brooklyn	NY	11201			D: D39346 rsement or	Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10	02	2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht:	K House	District: 02
VANOSTRAN, CORT, , ,		Oppose	Presid	_	Senate	State: MO
Colondor Vent To Data			Disbursemer		Prima	
Calendar Year-To-Date Per Election for Office Sought		315.00	2018	Other (sp		y General
Full Name of Payee		☐ Memo	Item Date	of Public	Distribution	n/Dissemination
MOCAP NYC LLC d/b/a Whiteboard			Г	M M /	08	7 Y Y Y Y
Mailing Address				10	00	2018
325 Gold Street			Amou	ınt		
City	State	Zip Code	$ \Gamma$			315.00
Brooklyn	NY	11201			ID : D39347	
Purpose of Expenditure					rsement or	
Digital Video Ad- Express Advocacy		Category/ Type 004		10	02	2018
Name of Federal Candidate:		<b>x</b> Support	Office Sough	ht: 3	<b>/</b> House	District:06
Soderberg, Nancy, , ,		Oppose	Presid	lent	Senate	State: FL
Calendar Year-To-Date			Disbursemer	nt For:	Prima	ry <b>X</b> General
Per Election for Office Sought	7	315.00	2018	Other (sp		, L
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b> [			630.00
				, ,		
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•			
(c) TOTAL Independent Expenditures			<b>•</b> [	1 (2)		
					,	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
Steffens, Sara, , ,	Electronically Fil	ed1 -	M M /	D D		Y Y Y
<u> </u>		_ Date	10	25	20	18

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America	Working Vo	oices		C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
MOCAP NYĆ LLC d/b/a Whiteboard				10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 Gold Street			Amo	unt
City	State	Zip Code	-	315.00
Brooklyn	NY	11201		nsaction ID : D39348 of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: X House District: 18
BAER, LAUREN, , ,		Oppose	Presi	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	<b>A</b> 1 1 <b>A</b>	315.00	Disburseme	, .
Full Name of Payee		□ Mama	1_	Other (specify) ▶  of Public Distribution/Dissemination
MOCAP NYC LLC d/b/a Whiteboard		∐ Memo	item Date	M M / D D / Y Y Y Y
Mailing Address 325 Gold Street				10 08 2018
			Amo	unt
City	State	Zip Code		315.00
Brooklyn	NY	11201		nsaction ID: D39349 of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ght: X House District: 26
MUCARSEL-POWELL, DEBBIE, , ,		Oppose	Presi	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		315.00	Disburseme	
	1 1 1 1 1 1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			• <u> </u>	630.00
(L) OUDTOTAL of Units arised by decreased at Europe distance				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Steffens, Sara, , ,	Electronically Fil	ed] -	M = M	25 2018
Signature		Date	e 10	23 2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America Working Voices				C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard	Item Da	ate of Public Distribution/Dissemination		
Mailing Address 325 Gold Street				10 08 2018
323 Cold Street			Aı	mount
City	State	Zip Code		315.00
Brooklyn	NY	11201	I	ransaction ID : D39350 ate of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10
Name of Federal Candidate:		<b>X</b> Support	Office So	ought: X House District:27
Shalala, Donna, , ,		Oppose	Pro	esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		315.00	Disburse	ment For: Primary 🗶 General
Fer Election for Office Sought	, ,	7.54.7	2010	Other (specify) ▶
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item Da	ate of Public Distribution/Dissemination  M M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Mailing Address 325 Gold Street			Aı	mount
City	State	Zip Code		315.00
Brooklyn	NY	11201		ransaction ID : D39351 ate of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: X House District: 02
LURIA, ELAINE, , ,		Oppose	l —	esident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	315.00	Disburse 2018	ment For:
			_	
(a) SUBTOTAL of Itemized Independent Expenditures				630.00
			E	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Steffens, Sara, , ,	Electronically Fil	[ed]	M = M	25 2018
Signature	· · · · · · · · · · · · · · · · · · ·	Date	10	25 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 25
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Communications Workers of America	Working W	nicos		FEC IDENTIFICATION NUMBER ▼
Communications workers of America	Working V	JICES		C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item I	Date of Public Distribution/Dissemination
Mailing Address 325 Gold Street			,	10 08 2018 Amount
City	State	Zip Code		315.00
Brooklyn	NY	11201		Transaction ID : D39352 Date of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10
Name of Federal Candidate:		<b>✗</b> Support	Office \$	Sought:  Mouse District: 07
SPANBERGER, ABIGAIL, , ,		Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	315.00	Disburs 2018	ement For:
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item I	Date of Public Distribution/Dissemination
Mailing Address 325 Gold Street			,	Amount
City	State	Zip Code		315.00
Brooklyn	NY	11201		Transaction ID : D39353 Date of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy	•	Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought:   House District: 10
WEXTON, JENNIFER, , ,		Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	315.00	Disburs 2018	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			• [	630.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		• [	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	Electronically Fil	ed]	M 10	7 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Communications Workers of America	Working Vo	oices		C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo		T = M / D = D / Y = Y = Y
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo		of Public Distribution/Dissemination
Mailing Address 325 Gold Street			L	10 09 7 2018
			Amou	ınt
City	State	Zip Code		315.00
Brooklyn	NY	11201		saction ID: D39354 of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: X House District: 23
Ortiz Jones, Gina, , ,		Oppose	Presid	lent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	4	315.00	Disburseme	,
Full Name of Payee	, ,	□ Mama	1_	Other (specify) ▶  of Public Distribution/Dissemination
MOCAP NYC LLC d/b/a Whiteboard		∐ Memo	itom	M M / D D / Y Y Y Y
Mailing Address 325 Gold Street			L	10 10 2018
323 Gold Street			Amou	ınt
City	State	Zip Code	— Г.	315.00
Brooklyn	NY	11201		saction ID: D39355 of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 7 2018
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: House District:
McCready, Daniel, , ,		Oppose	Presid	lent Senate State:
Calendar Year-To-Date		315.00	Disburseme	nt For: Primary General
Per Election for Office Sought	T T	010.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· []	630.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es			
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Steffens, Sara, , ,	Electronically Fil	ed1 -	M = M /	D D / Y Y Y Y
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
Communications Workers of America	Working Vo	oices		FEC IDENTIFICATION NUMBER ▼  C C00488486
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item [	Date of Public Distribution/Dissemination
Mailing Address 325 Gold Street				10 10 2018 Amount
City	State	Zip Code		315.00
Brooklyn	NY	11201		Transaction ID : D39356 Date of Disbursement or Obligation
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought:   House District: 13
Manning, Kathy, , ,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>     <b>7</b>	315.00	Disburs 2018	ement For:
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item [	Date of Public Distribution/Dissemination
Mailing Address 325 Gold Street			4	Amount
City Brooklyn	State NY	Zip Code 11201	I .	315.00 Transaction ID : D39357
Purpose of Expenditure Digital Video Ad- Express Advocacy	1	Category/ Type 004		Date of Disbursement or Obligation  10 02 2018
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District: 15
WILD, SUSAN, , ,		Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	315.00	Disburs 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			• [	630.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Steffens, Sara, , ,	Electronically Fil	ed]	M = N	7 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SOMEDOLL L (LEG FORM OX)							
TEMIZED INDEPENDENT EXPENDITURES	<b>&gt;</b>			PAGE 23 OF 25			
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X			
,	Communications Workers of America Working Voices  FEC IDENTIFICATION NUMBER ▼						
				C C00488486			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item Date	te of Public Distribution/Dissemination			
Mailing Address 325 Gold Street			Am	10 10 2018 ount			
Oit.	- Charles	Zin Codo	— г	245.00			
City	State	Zip Code	L	315.00			
Brooklyn	NY	11201		nsaction ID : D39358 te of Disbursement or Obligation			
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught: X House District: 08			
CARTWRIGHT, MATTHEW, , ,		Oppose		sident Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought	7	315.00	Disbursem 2018	nent For:  Primary			
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item Dat	te of Public Distribution/Dissemination			
Mailing Address 325 Gold Street			Am	10 10 2018 ount			
City	State	Zip Code		315.00			
Brooklyn	NY	11201		ansaction ID : D39359 te of Disbursement or Obligation			
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught: X House District: 11			
KING, JESSICA, , ,		Oppose	Pres	sident Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought		315.00	Disbursem	nent For:			
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	630.00			
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•				
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized						
Steffens, Sara, , ,	[Electronically Fil	led]	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 25 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Communications Workers of America		C C00488486				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard	Item Da	ate of Public Distribution/Dissemination				
Mailing Address 225 Cold Street		10 10 2018				
325 Gold Street	Ar	mount				
City	State	Zip Code		315.00		
Brooklyn	NY	11201		ransaction ID : D39360 ate of Disbursement or Obligation		
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 7 2018		
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ought: X House District: 17		
LAMB, CONOR, , ,		Oppose	Pre	esident Senate State: PA		
Calendar Year-To-Date				ment For: Primary General		
Per Election for Office Sought	7	315.00	2018	Other (specify) ▶		
Full Name of Payee				ate of Public Distribution/Dissemination		
Mailing Address 325 Gold Street			Ar	nount		
City	State	Zip Code		315.00		
Brooklyn	NY	11201		Transaction ID : D39361  Date of Disbursement or Obligation		
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>x</b> Support	Office Sc	ought:   House District: 03		
PHILLIPS, DEAN, , , Oppose			Pre	esident Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought	215.00					
				Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			•	630.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. Г			
(a) doubte in a officering in appoint on a point of the p				7 7 7		
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Steffens, Sara, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y		
Signature		Date	10	25 2018		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 25 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Communications Workers of America Working Voices  C C00488486						
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y D Y D		
Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	Item Date	of Public Distribution/Dissemination		
MOCAP NTC LLC d/b/a Willieboard				10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 325 Gold Street			Amou	unt		
City	State	Zip Code	$-\Gamma$	315.00		
Brooklyn	NY	11201	Tran	Transaction ID : D39366 Date of Disbursement or Obligation		
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office Soug	ht: X House District:11		
STEVENS, HALEY, , ,		Oppose	Presid	MI		
Calendar Year-To-Date Per Election for Office Sought		315.00	Disburseme	nt For: Primary Seneral		
				Other (specify)		
Full Name of Payee  MOCAP NYC LLC d/b/a Whiteboard		☐ Memo	itom	of Public Distribution/Dissemination		
Mailing Address			[	10 10 2018		
325 Gold Street			Amou	unt		
City	State	Zip Code	—Г	315.00		
Brooklyn	NY	11201	Transaction ID : D39367 Date of Disbursement or Obligation			
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/ Type 004		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: X House District:06		
WATTS, RYAN, , ,		Oppose	Presid	dent Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		315.00	Disburseme			
				Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures			· [	630.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	.,.,,		
(c) TOTAL Independent Expenditures			•	9450.00		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized					
Steffens, Sara, , ,	Electronically File	ed1 -	M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature		Date	e 10	25 2018		